

**DECLARATION AND POWER  
OF ATTORNEY FOR UTILITY  
OR DESIGN**

**PATENT APPLICATION**

☒ Declaration      ☐ Declaration  
Submitted with      Submitted after Initial  
Initial Filing      Filing (surcharge  
37 CFR 1.16(e) required)

Attorney Docket No.      AWR-021 (457/23)

First Named Inventor      Tzannes

**COMPLETE IF KNOWN**

Application Serial Number      Not Yet Assigned

Filing Date      Herewith

Group Art Unit      Not Yet Assigned

Examiner Name      Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A System and Method for Transmitting Messages Between Transceivers Using Electromagnetically Coupled Signals

*(Title of the Invention)*

the specification of which

☒ is attached hereto  
OR

☐ was filed on      as United States Application Serial Number or PCT International  
(MM/DD/YYYY)

Application Number      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

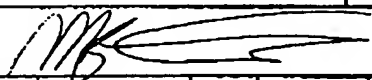
☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.
60/144,562	07/16/1999	

Declaration and Power of Attorney for Utility or Design Patent Application  
Attorney Docket No.: AWR-021 (457/23)  
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname				
Marcos C.				Tzannes				
Inventor's Signature					Date		7/13/00	
Residence	City	Orinda	State	CA	Country	USA	Citizenship	USA
Post Office Address		121 LaEsperal						
P.O. Address (line 2)	City	Orinda	State	CA	ZIP	94563	Country	USA
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
Residence	City		State		Country		Citizenship	
Post Office Address								
P.O. Address (line 2)	City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
Residence	City		State		Country		Citizenship	
Post Office Address								
P.O. Address (line 2)	City		State		ZIP		Country	

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